

1. Introduction

Description of Medical Center

The G.V. (Sonny) Montgomery VA Medical Center (VAMC) in Jackson, Mississippi, is one of ten medical centers in Veterans Integrated Service Network (VISN) 16. The medical center serves a veteran population of 130,000 in 50 central Mississippi counties and six Louisiana parishes. The active patient roster totals close to 27,000. To accomplish this, the medical center operates 164 inpatient hospital beds and a 120-bed nursing home care unit (NHCU). The outpatient clinic provides 200,000 visits annually. Seventeen hundred full and part-time employees, along with affiliations with the University of Mississippi Medical School (UMC) and 30 other colleges and universities, and more than 500 volunteers contribute to our mission of providing high quality patient care, educating future healthcare providers, advancing relationships with other healthcare organizations, and developing mutually beneficial sharing opportunities.

Organizational Philosophy

Our medical center is guided by the desire to maintain and strengthen the mission of the medical center, while improving access to and the effectiveness of our primary care program, improving the continuum of care for our patients, and increasing the level of patient satisfaction in all areas.

We will accomplish the above with limited budget appropriations supplemented by facility initiated revenue generating programs. We will improve our efficiency and be creative in generating new initiatives to accomplish our goals. We will continue program planning in a forward, inclusive manner, endorse principles or continued performance improvement, and continue excellent financial management. Above all, we will manage in a fashion that will maintain high morale, create productivity, and exhibit excellence in patient care as we face the challenges of the future.

Mission Statement

The G.V. (Sonny) Montgomery VAMC utilizes a collaborative approach in developing our mission statement. The *Journey of Change* provides the guiding principles and strategic objectives underlying the transformation of the veterans healthcare system. The VISN 16 Business Plan also provides a basis for our mission statement.

G. V. (Sonny) Montgomery
Department of Veterans Affairs Medical Center

MISSION

We pursue excellence and demonstrate our commitment to the delivery of consistent high quality health care. We achieve this by actively:

- Promoting the health of those we are privileged to serve by providing compassionate, appropriate, and timely health care services including health maintenance education.
- Educating future health care providers and conducting research to advance the health sciences.
- Advancing relationships with other health care organizations and the community, continually advancing the practice of medicine by adopting modern technologies, and practice patterns.
- Supporting the development of VHA's integrated health care system to match best practices and enhance the provision of patient centered care.
- Developing mutually beneficial sharing opportunities which permit us to maintain and improve services to veterans.

VISION

It is our vision to be both the health care provider of choice and the employer of choice. We will achieve this by being:

- accessible
- customer focused
- state-of-the-art
- innovative
- committed to participative and shared management

VALUES

- We recognize that we exist for and because of our patients.
- We measure our success through their eyes.
- We promote an environment of trust, respect and compassion.
- We recognize our employees as our most important asset and for their unique contribution to our mission.
- We are a learning organization which practices individual and collective development.

April 1998

2. Organizational Assessments

Patient Demographics

“Who are our customers?” This is the question to ask and answer when doing a demographic profile of health care consumers.

G.V. (Sonny) Montgomery VAMC customers are:

- male and female veterans,
- spouses and dependents of veterans and active duty/retired military through the CHAMPVA and TRICARE programs, and
- active duty personnel and civilians affiliated through sharing agreements.

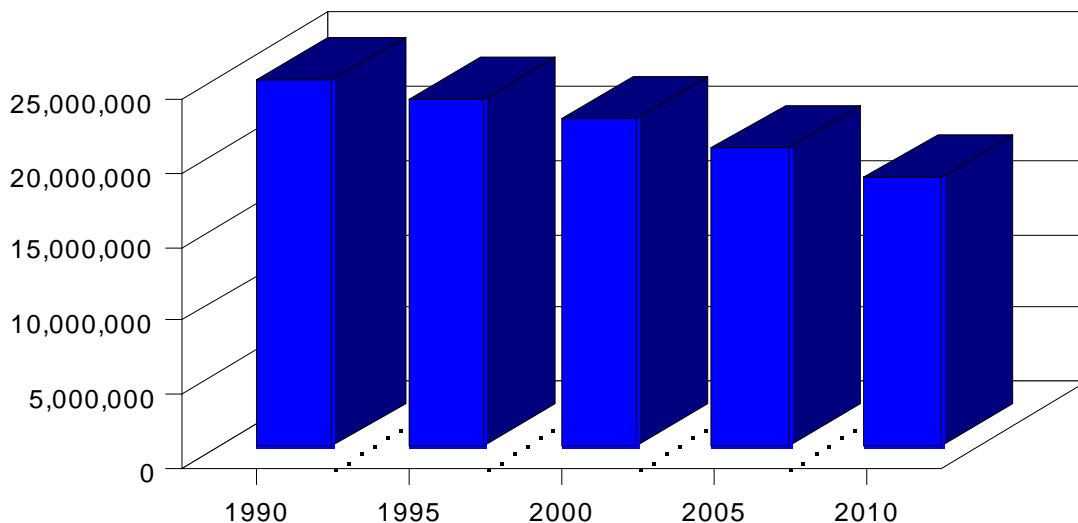
The customer of the G.V. (Sonny) Montgomery VAMC is no longer a homogeneous segment of the health care environment. This demographic profile will cover the major factors of gender, age, diagnosis, and income. Analysis will be conducted on a national, VISN, and primary service area (PSA) basis.

VISN 16 serves the largest veteran population in the VHA. In 1995, the estimated population for VISN 16 was 1,837,674 veterans. Of those 1,837,674 veterans, the Jackson PSA covered an estimated 130,000 lives in FY 98. Though VISN 16 has the largest numbers of veterans, it is declining in veteran population.

The national veteran population is projected to decrease by 26 percent from the year 1990 to the year 2010 (Figure 1).

National Veteran Population

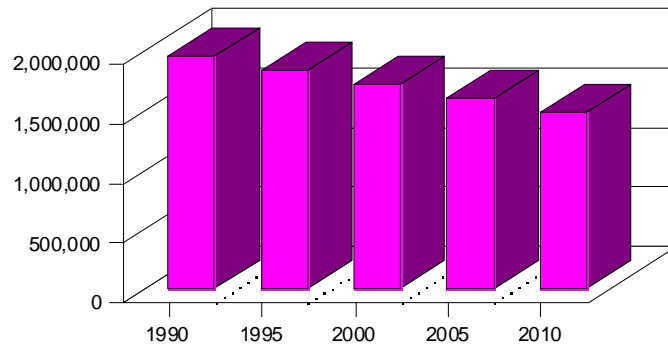
Figure 1



The VISN 16 veteran population is projected to decrease by 25.7 percent during the same time (Figure 2).

VISN 16 Veteran Population

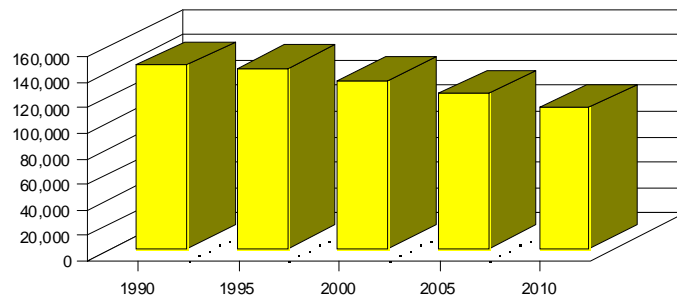
Figure 2



The Jackson PSA is projected to decrease in veteran population by 21.7 percent, also during the same period (Figure 3).

Jackson PSA Veteran Population

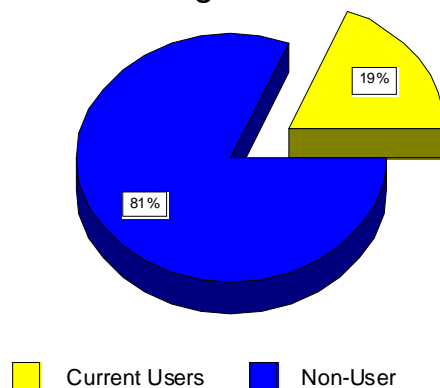
Figure 3



Because most funding is based on the number of unique veterans treated, funding will decrease. To counteract decreases in funding, this VAMC needs to increase market share. The Jackson PSA market share was 19 percent as of 1998 (Figure 4). To increase market share, the medical center needs to increase marketing efforts to veterans through programs such as primary and preventive care. Also, the medical center needs to continue establishing community-based outpatient clinics such as the clinics in Durant and Meridian, Mississippi.

Jackson PSA Market Penetration

Figure 4

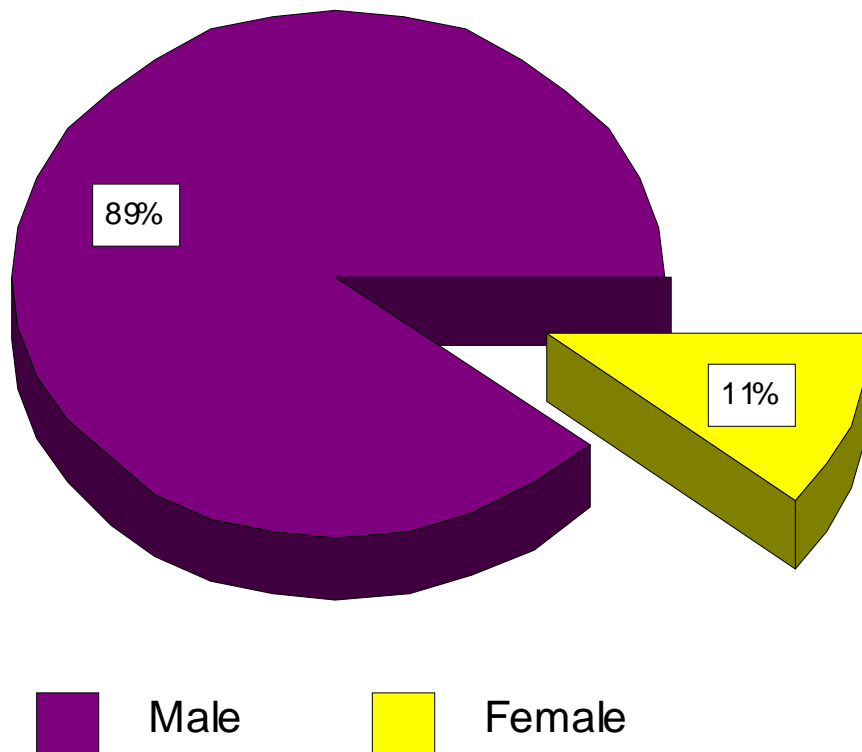


Gender

The majority of the veteran population is male (Figure 5).

Jackson PSA Gender Distribution

Figure 5



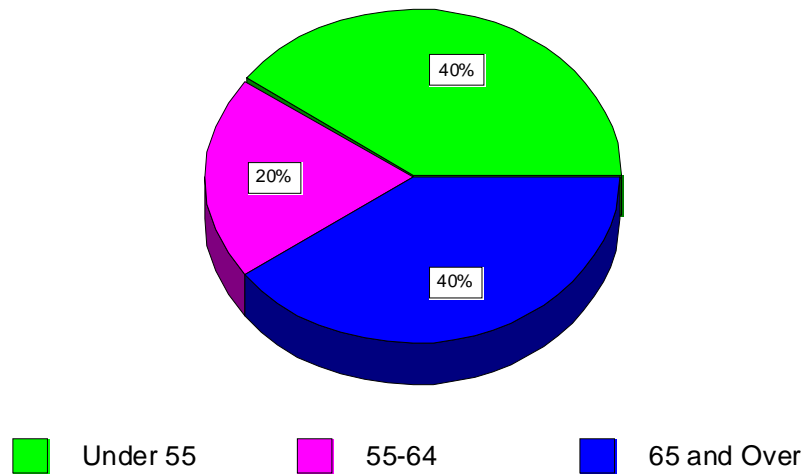
Although the female veteran population is only 11 percent in our PSA, it is growing. Results of this growth can be seen in the increase of mammograms and Pap smears completed in FY 98. In FY 97, there were 205 mammograms and 406 Pap smears completed, compared to 262 mammograms and 596 Pap smears in FY 98. Additional sources of funding will continue from this increase of services demanded based upon the increase in the number of female uniques treated.

Age

Another factor that influences planning is the age mix of the veteran population.

Current Users

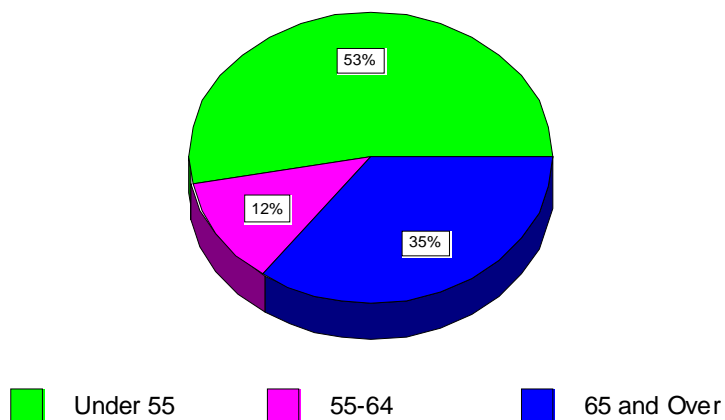
Figure 6.a



For example, certain diseases and conditions are more prevalent at different ages. Cataracts are more prevalent in people over the age of 65. More substance abuse patients are under the age of 55¹.

Former Users

Figure 6.b

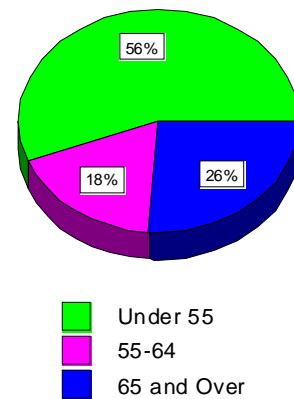


¹Source: Booz-Allen & Hamilton, Inc., Facilities Analysis Findings, 1996.

Depending on the age mix of the patient population, the VAMC needs to offer services tailored to care for the targeted market segment.

Non-Users

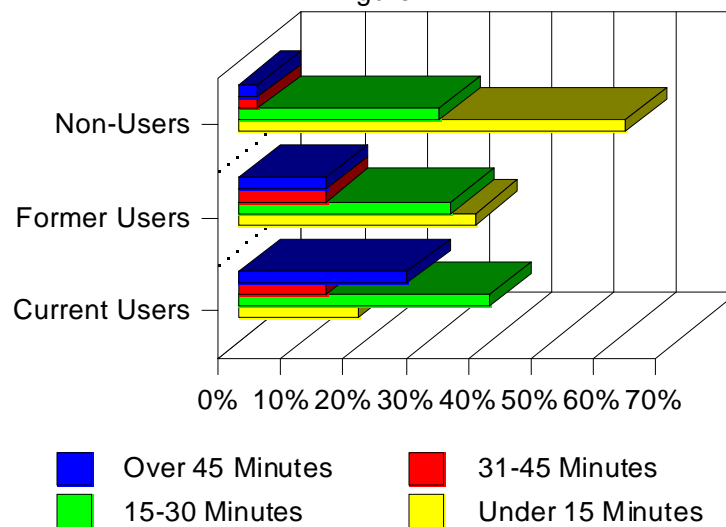
Figure 6.c



Patient access to health care is a concern related to the age factor. Drive time to the medical center is an important variable to consider (Figure 7).

Drive Time To Medical Center

Figure 7



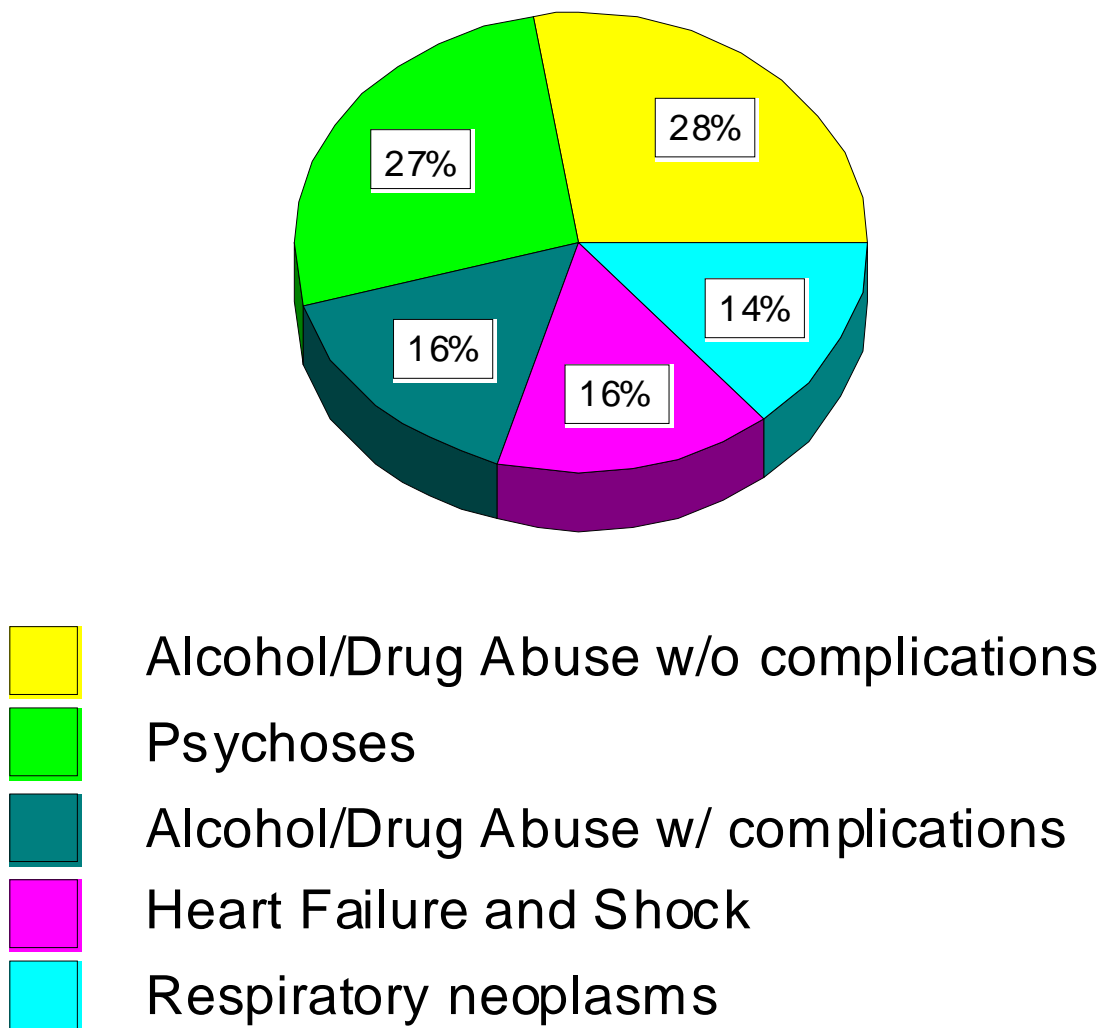
Greater distances between the veteran and the medical center limit access to health care. The older the veteran, the less time the veteran can travel to receive health care. The Durant Clinic, Meridian Clinic, and planned clinics in Greenville and Hattiesburg will help increase unique visits and reduce barriers to access for the veteran population.

Diagnoses

Based on FY 98 statistics, the top five medical center Diagnosis Related Groups (DRGs) by total cases are shown below (Figure 8).

Jackson PSA Patient Diagnoses

Figure 8

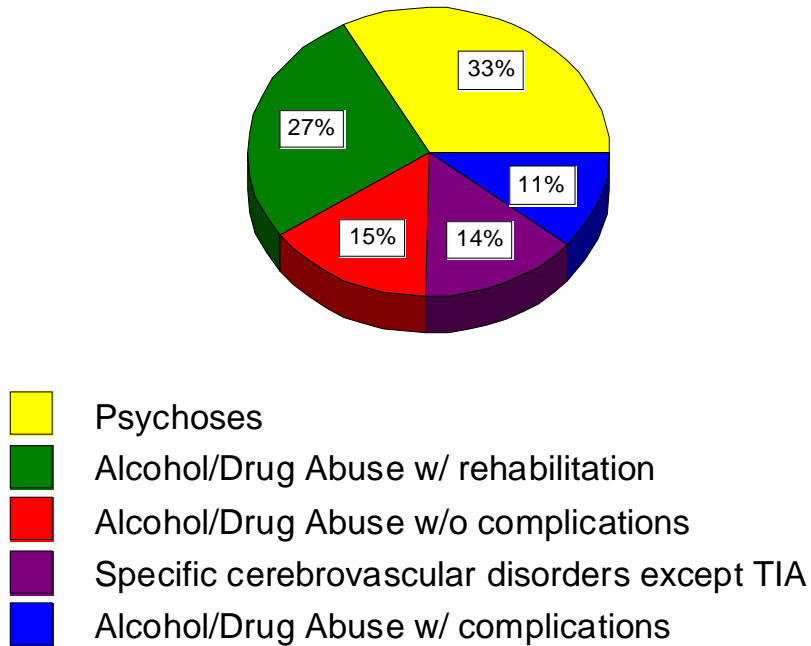


Based on this data, the three largest DRGs by total cases consist of alcohol, drug, and psychoses related illnesses.

Alcohol, drug, and psychoses related illnesses account for four of the top-five DRGs in Bed Days of Care (BDOC) (Figure 9).

Jackson PSA BDOC

Figure 9



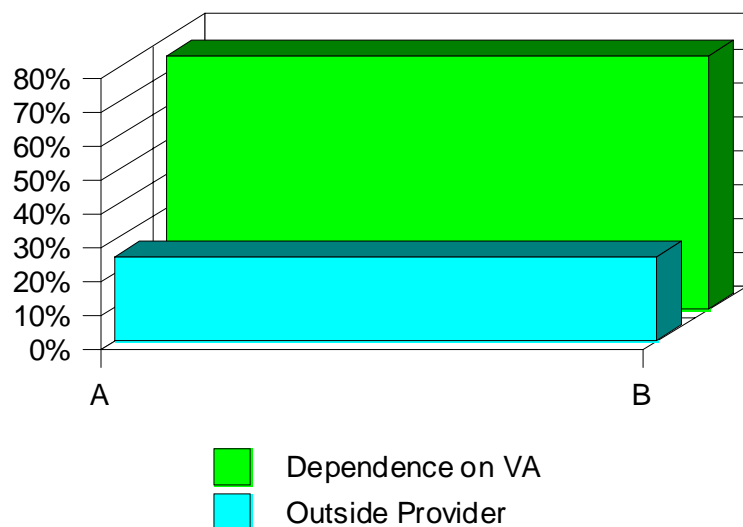
As a result of the dominance of alcohol, drug, and psychoses related illnesses, in both total case load and bed days of care, the medical center has created a mental health product line in an effort to become more cost effective with limited resources.

Current User Dependence

Figure 10

Income

Income is a major determinant on whether a veteran uses the medical center. The lower the income, the greater the dependence on the VHA for health care (Figure 10).



Sixty-seven percent of veterans with incomes below \$25,000 are dependent on VISN 16 for health care (Figure 11).

Income	Income Level Mix for All Current Users		Current Users within the Segment Dependent on VA	
Under 15K	36%	7,299	41%	2,992
15 - 24.9	24%	4,866	26%	1,265
25 - 34.9	16%	3,244	13%	422
35 - 44.9	6%	1,216	4%	49
45 - 54.9	3%	608	2%	12
55 - 74.9	1%	203	0%	0
75 - 99.9	1%	203	0%	0
Over 100	1%	203	1%	2
Don't Know/Refused	12%	2,230	13%	290
Total	100%	20,072	100%	5,032

In the Jackson market, 60 percent of the current user population has an annual household income below \$25,000 (Figure 12).

Income	Current Users	Former Users	Non-Users
Under 15K	36%	29%	7%
15 - 24.9	24%	16%	14%
25 - 34.9	16%	6%	12%
35 - 44.9	6%	10%	12%
45 - 54.9	3%	6%	20%
55 - 74.9	1%	13%	12%
75 - 99.9	1%	0%	3%
Over 100	1%	3%	5%
Don't Know/ Refused	12%	17%	15%

Based on income, strategic planning needs to focus on the low income segment's health care needs.

The G.V. (Sonny) Montgomery VAMC will continue to serve veterans and others in the CHAMPVA, TRICARE, and DoD affiliations while expanding market share by increasing access and becoming the health care provider of choice. Because of the arrival of managed care and the shrinking of the traditional veteran segment, quality and cost will be deciding factors in the race for survival. An analysis of patient demographics is the best method for understanding who customers are and their needs.

Current Plan for Provision of Services

The Plan for the Provision of Patient Care has been incorporated into the Leadership Guide for Operational Planning. It continues to provide a framework for planning, directing, coordinating, providing, and improving health care services at the G.V. (Sonny) Montgomery VAMC in FY 99.

The medical center with 164 operating hospital beds, provides primary, secondary, and tertiary medical, surgical, neurological, and psychiatric inpatient care in an urban setting. Services include hemodialysis, cardiac catheterization, radiation therapy, sleep studies, substance abuse inpatient and outpatient treatment, hematology/oncology, and rehabilitation programs. Both primary and specialized outpatient services are available, including such programs as: ambulatory surgery, spinal cord injury, neurology, infectious disease, substance abuse, post-traumatic stress disorder (PTSD), readjustment counseling, and mental health diagnostic and treatment programs. Comprehensive health care is available for male, as well as female, veteran patients within the medical center. A 120-bed nursing home care unit, contract nursing homes, four state veteran homes, a community-based outpatient clinic, and a variety of outpatient programs are utilized to support the needs of aging veterans.

The G.V. (Sonny) Montgomery VAMC is the Clinic of Jurisdiction in the State of Mississippi and provides administrative support to the Office of the Network Director, VISN 16; the Veterans Outreach Center; the Veterans Benefits Administration Regional Office; and the National Cemetery in Natchez.

The medical center is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and by the College of American Pathologist (CAP). During the past fiscal year, the medical center received a score of 98 (out of 100) with commendation following the JCAHO visit in August 1998. In addition, the medical center also received accreditation by CAP. The medical center is working toward an accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Clientele Served

The medical center has a primary service area (PSA) comprising 50 counties in Mississippi and six parishes in Louisiana. The veteran population in this area is 130,000, including about 11,000 female veterans. There are about 50,000 veterans age 65 or over, comprising 38 percent of the total veteran population.

According to the most recent census, the majority of Mississippi veterans reside in rural areas in small towns. The total veteran population is projected to decline to 128,120 by 2000 and to 106,898 by 2010. The over-65 veteran population will increase by 6.7 percent between 1994 and 2000, with a 15.2 percent decrease from 2000 to 2010. In 1994, the over-65 group made up 35.6 percent of the total veteran population. In 2000, the over-65 group will account for 41.1 percent of the total. High inpatient and outpatient utilization rates are characteristic of this population.

Academic Affiliation

The medical center is affiliated with the University of Mississippi Medical School and nearly 30 other colleges and universities. Annually, over 1,100 individuals from 56 disciplines receive training in the medical center. The University of Mississippi provides approximately 75 percent of the trainees including medical house staff from 15 different specialty programs, medical students, dental house staff and students, nursing students (graduate and undergraduate), pharmacy students, physical therapy, occupational therapy, audiology, speech pathology, dietetics, recreation therapy, and social work.

Research

There is an active research component with 80 investigators and approximately \$1.7 million in VA and private funding. There are 26 separate research projects.

Budget

The medical center has an annual operating budget of over \$122 million. There are about 1,500 full-time equivalent employees (FTEE). There are approximately 5,500 inpatient admissions and 200,000 outpatient visits.

Administration/Organization of Service

An organizational chart for the medical center details lines of authority and responsibility, as well as each service's relationship to the medical center.

Each service has an organizational chart showing formal lines of authority and a functional chart describing organizational components of the service. The charts are updated at least every three years or more often if needed.

Performance Improvement Measures

Measures are used to assess performance of important processes. Once each year an annual performance appraisal is completed and involves gathering data from all services, programs, and committees. The aggregate information is used by top management to judge which processes work well and which ones should be improved. The results are factored into the planning process.

FY99 Organizational Priorities		
Priority Process/Issue	Current Performance	Goals for FY 99
<u>Continuum of Care</u> Increase home and community based referrals	FY 98 baseline - 630 referrals	Increase home and community referral rate/1000 unique SSN by .5% - FS Increase above by 1% - Exceptional
Improve Follow-up After Hospitalization for Mental Illness	FY98- 88% of patients received follow-ups	75% of patients discharged receive follow-up - FS 90% of patients discharged receive follow-up - Exceptional
Increase customer satisfaction with services received by telephone	Telephone Advice Nurse and Primary Care currently have a tool in place to assess customer satisfaction	Develop a mechanism to measure customer satisfaction with telephone service
Measure successes of all community based outpatient clinics	<i>Durant Clinic</i> telephone survey results - 100% satisfaction and the mail-in survey results were 92% satisfaction. <i>Meridian Clinic</i> opened 7/1/98, no data available	Use "Best Practice" review to measure successes of all community based outpatient clinics
<u>Information Management</u> Fully Implement VISTA Integrated Imaging	Implementation Stage	Fully implemented by FY2000
Train end users on new technology		Train all end users by end of FY99 and continue on-going training
<u>Performance Improvement</u> Provide staff training in performance improvement	Data unavailable	10 hours of performance improvement training for at least 70% of permanent employees
Design a tool to assess customer satisfaction internally and externally	New initiative	All services to conduct annual internal and external customer satisfaction surveys
Implement and Track the JCAHO Readiness Plan	New initiative	Ensure this medical center is continuously prepared for JCAHO surveys (including unplanned and unannounced surveys)

Priority Process/Issue	Current Performance	Goals for FY 99
<p>Improve customer satisfaction scores related to access, education, preferences, emotional support, coordination and courtesy</p> <p>Re-design major service delivery systems for patient safety</p> <p>Continuously improve patient health outcomes</p> <p><u>Operative & Invasive Procedures</u></p> <p>Re-design Committee Functions</p>	<p>Access .17, Education .30, Preference .22, Emotional Support .22, Coordination .20, and Courtesy.10</p> <p>FY98 - 6 systems redesigned; Patient Safety Initiative Policy, Orthopedic Casting Policy, Hoptel Policy, Missing Patient Searches Policy, and Medication Safety Policy</p> <p>Currently, the focus is on tissue review only</p>	<p>Match non-VA benchmark on all customer satisfaction survey questions</p> <p>Redesign 6 service delivery system 1. F/U of Abnormal Radiology Tests 2. VISN Specific data log for restraint use 3. Revision of Patient Safety Policy 4. Develop Medication Error Rating System 5. Enhance Missing Patient Policy 6. Revise Resident Supervision Policy</p> <p>Develop structure, process and outcome measures for special programs</p> <p>Change focus to one with oversight of Performance Improvement activities for all surgeries, all invasive procedures, and all high-risk non-invasive procedures for inpatients</p>

SWOT Analysis

As management began to assess the organization for the purpose of developing our FY 99 business plan, we decided to utilize again the (SWOT) analysis. This tool utilizes a group brainstorming technique to identify strengths, weaknesses, opportunities, and threats to the organization.

When using the results of the SWOT analysis for strategic and business planning, focus should be placed on the weaknesses and opportunities confronting the organization. Over time, the weaknesses and opportunities should become added strengths of the organization.

Current strengths of the organization should be monitored periodically to prevent complacency. Threats will always be an integral part of any organization's destiny; the best an organization can do is keep a watchful eye and plan accordingly.

The following results have helped us to clarify and compartmentalize our FY 99 strategic plan and goals.

Internal

Strengths

- Strong and stable management team
- Strong VISN support
- Effective performance improvement program
- Excellent condition of physical plant
- Strong financial management program
- Advanced ADP capability
- State-of-the-art medical equipment (MRI, linear accelerator, spiral CT, VISTA Integrated Imaging)
- Advantageous location (affordable cost of living, regional headquarters, and a large labor pool)
- Stable academic affiliation
- Strong accreditation record (JCAHO, CAP, Cancer, etc.)
- Improving customer satisfaction
- A positive local image
- Increasing revenue source through sharing agreements
- Well established primary care program
- Strong labor management partnership
- Professional diversity of workforce
- Definite performance measures
- Strong employee communication
- Strong relations with VSOs, Congressional staff, volunteers, and community groups

Weaknesses

- Bureaucratic process of VHA (slow to change)
- Timeliness of recruiting personnel because of VA regulations
- Limited comparative data (between private sector hospitals)
- Continuing turf issues between departments
- Limited experience with adolescent population (TRICARE)
- Difficulty improving mediocre performance
- Lack of Headquarters support in some areas
- Lack of resources for individual professional development
- Negative VHA image at the national level
- Excessive clinic waiting times
- Noncompetitive salary rates in some areas
- Irregular continuity of care (coordination and access)
- Employee pay not linked to performance
- Threat of complacency
- Limited access throughout primary service area

External

Opportunities

- Increase sharing agreements and external revenue
- Improve VAMC organizational structure
- Optimize resource allocation
- Increase market share
- Increase access through additional satellite clinics
- Improve staff use through multidimensional tasking/cross training
- Continue to improve public image
- Keep up with technological innovations
- Use VISN resources

Threats

- Changing health care environment
- Shortage of community-based mental health nursing home beds
- Lack of computer literacy
- Decentralized policy development resulting in inconsistencies
- Provider dissatisfaction due to lack of autonomy in patient care
- Mandated health care reforms (federal, state, and local)
- Declining veteran customer base
- Local competition from employer preferred provider organizations
- Negative VHA image at the national level
- Poor transportation system
- Possible loss of political power base
- Increased pharmaceutical costs
- Flat line appropriated funding

Stakeholder Analysis

The major stakeholders for the G.V. (Sonny) Montgomery VAMC include our veteran constituency in the primary service area, veteran service organizations and veteran service officers (VSOs), Congressional delegations and their staff, employees of the medical center and their labor unions, the University of Mississippi Medical Center (UMC), other academic affiliates, VA Headquarters, CHAMPVA and TRICARE beneficiaries, sharing partners including the Department of Defense (DoD) and other government entities, and the local community at-large. Based on accepted economic multiplier effects, the medical center had an economic impact on the state and local economy of more than \$233 million.

The other network members of VISN 16 and veteran constituents outside our primary service area are stakeholders of a lesser degree. In addition, non-affiliated local health care entities can be considered minor stakeholders as can our suppliers, visitors, regulatory oversight organizations, and third party payers.

Stakeholder interest in the G.V. (Sonny) Montgomery VAMC business plan is significant due to the direct and indirect impact on each stakeholder of decisions flowing from the plan. Services offered by this VAMC have major impact on the overall health status of select stakeholders; for example, from an economic perspective or in constituent advocacy issues. Corporate choices outlined in the business plan are anticipated to invoke keen interest among all stakeholders.

An ongoing and broad communication effort is maintained through *StraightTalk*, *Patient Pulse*, and *VISN Voice* to insure that stakeholder needs are actively considered and incorporated in business planning initiatives. Regularly scheduled meetings with VSOs and Congressional staff provide opportunities to comment prior to implementation of major programs and organizational changes. Written survey instruments gauge customer satisfaction on many fronts which provide needed data on what customers feel are important areas for improvement in service delivery in the organization.

External Reviews

This facility has scheduled surveys on a voluntary basis by accrediting organizations such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), College of American Pathologists (CAP), and American Association of Blood Banks (AABB). The cancer program is also approved by the Commission on Cancer. In addition, the medical center is subject to non-recurring reviews by regulatory agencies that monitor to ensure compliance with laws and regulations. Such reviews include Office of Inspector General (OIG), Nuclear Regulatory Commission (NRC), Occupational Safety and Health Administration (OSHA), Environmental Protection Agency (EPA), and Department of Environmental Quality. The medical center is also preparing for a survey by the Commission on Accreditation of Rehabilitation Facilities (CARF). Reports received from accrediting organizations and regulatory agencies have all been positive with no major problems identified. In fact, the JCAHO score was among the top 25 percent for VAMCs surveyed.

Results of external surveys are important to the business plan because findings are based on an objective review by persons outside the organization. Adverse findings could negatively impact customer satisfaction, public image, partnerships, and affiliations. In contrast, positive findings from regulatory agencies demonstrate a commitment by the organization to fulfill its public responsibility as it relates to environmental, safety, and health issues. Accreditation demonstrates to our customers and stakeholders excellent performance in meeting nationally-recognized standards of patient care.

3. Strategic Plan and Goals

In keeping with the mission, vision, and values as developed and adopted by the G.V. (Sonny) Montgomery VAMC, the following goals and objectives have been established to achieve our stated ends:

STRATEGIC DIRECTION GOALS & OBJECTIVES FOR FY 1996 - 1999 & BEYOND

**G. V. (Sonny) Montgomery VA Medical Center
Jackson, Mississippi**

Revised and Updated - September 1998

GOAL #1. Continue to develop and refine an integrated health care delivery system of primary/managed care for both inpatients and outpatients, including the use of community-based alternatives where possible, while continuing to provide comprehensive care in areas where we have specialists and expertise.

FY 1996

OBJECTIVE: Initiate a primary care team concept which will provide veterans with the opportunity for continuity of care and to be followed by a sole health care provider. We will develop three multidisciplinary primary care teams and enroll 9,000 veterans during our first year of development. (111) *Status - Accomplished*

OBJECTIVE: Explore the opportunity to establish and develop a rural community outreach clinic under a sharing arrangement with our affiliate, as budget and oversight authority permit. (00A) *Status - Accomplished*

OBJECTIVE: Identify and prioritize possible off-site access point locations in Mississippi through a formal study of veteran population and use information in preparation for off-site access point development. (00A) *Status - Accomplished*

OBJECTIVE: Develop a financial system to support a capitation model in pricing primary care services for future community-based clinics. (04) *Status - In process*

FY 1997

OBJECTIVE: Expand the primary care team concept which will provide veterans with the opportunity for continuity of care and to be followed by a sole health care provider. We will develop additional primary care teams as necessary to meet the needs of our customers. (111) *Status - In process*

OBJECTIVE: Encourage the ancillary services to develop creative means by which they demonstrate support of the primary care mission. (All ancillary services) *Status - Ongoing*

OBJECTIVE: Explore the opportunity to establish and develop a rural community outreach clinic under a sharing arrangement with our affiliate, as budget and oversight authority permit. (00A) ***Status - Accomplished***

OBJECTIVE: Continue to develop and refine a financial system to support a capitation model in pricing primary care services for future community-based clinics. (04) ***Status - Accomplished***

FY 1998

OBJECTIVE: Assess the effectiveness of recent primary care initiatives in the areas of cost, productivity, quality, and customer satisfaction. (111/11) ***Status - Accomplished***

OBJECTIVE: Challenge all ancillary services to develop creative means by which they demonstrate support of the primary care mission. (All ancillary services) ***Status - Accomplished***

OBJECTIVE: Improve national performance measure results in primary care enrollment and in chronic disease/preventive health indices. (111/00PR/11) ***Status - Accomplished***

OBJECTIVE: Fully operationalize the community based outpatient clinic in Durant, MS with an expected enrollment of 200 veterans by the close of the fiscal year. Assess the health care services provided by the contractor in terms of cost, quality, and customer satisfaction. Use information to improve services and apply lessons learned to similar initiatives. (00A) ***Status - Accomplished***

OBJECTIVE: Gain approval for additional clinic locations in Lauderdale, Forrest, and Washington counties. Begin implementation planning on those sites approved for activation. (00A) ***Status - Partially accomplished***

OBJECTIVE: Implement Patient Care Encounter (PCE) software program to improve continuity of care issues. (136) ***Status - Accomplished***

FY 1999

OBJECTIVE: Expand facility-based primary care capacity to increase enrollment by 1,000 additional veterans. (111/11/001/138)

OBJECTIVE: Gain approval for additional clinic locations in Adams and Lowndes counties. Begin implementation planning on those sites approved for activation. (00A/00X)

OBJECTIVE: Activate a community based outpatient clinic in Hattiesburg (Forrest County), MS with an anticipated enrollment of 2,000 patients by FY 2001. (00A/00X)

OBJECTIVE: Explore the alternatives available to expand primary care services off site in south Jackson (Hinds County) to reach high priority non-users. (11/001/111/00A/00X)

OBJECTIVE: Systematically increase enrollment at clinic sites activated in FY 98 (Meridian [1,000], Greenville [400]) and market services to high priority non-users. (00A/00X)

OBJECTIVE: Introduce computerized physician profiling in the primary care program. (111/CAC/IRM)

FY 2000

OBJECTIVE: Activate a community based outpatient clinic in Natchez (Adams County), MS with an anticipated enrollment of 1,000 patients by FY 2002. (00A/00X)

OBJECTIVE: Establish an additional primary care team to be located on the planned construction of the third floor of the radiation therapy building. (111/11/118)

FY 2001

OBJECTIVE: Activate a community based outpatient clinic in Columbus (Lowndes County), MS with an anticipated enrollment of 1,200 patients by FY 2003. (00A/00X)

GOAL #2. Foster the continued paradigm shift from reliance on traditional inpatient based services to more cost effective and efficient outpatient care where appropriate. (Established FY 97)

FY 1997

OBJECTIVE: Challenge all organizational elements to keep pace with the shift towards outpatient care. (00/001/11) ***Status - Ongoing***

OBJECTIVE: Fully implement the use of encounter forms throughout all ambulatory care programs to maximize the capture of outpatient workload. (136) ***Status - Accomplished***

OBJECTIVE: Insure that commensurate cost shifts from inpatient to outpatient are reflected in corporate data sets through fiscal oversight and service-level data validation. (04) ***Status - Ongoing***

FY 1998

OBJECTIVE: Challenge all organizational elements to keep pace with the shift towards outpatient care. (00/001/11) ***Status - Ongoing***

OBJECTIVE: Increase the percentage of ambulatory surgeries/procedures to 80% of total surgeries/procedures performed. (111/112) ***Status - Pending***

OBJECTIVE: Decrease available operating beds to meet minimum bed occupancy rates of 85% for acute care and 95% in long term care settings.(00A) ***Status - Accomplished***

OBJECTIVE: Insure that commensurate cost shifts from inpatient to outpatient are reflected in corporate data sets through fiscal oversight and service-level data validation. (04)
Status - Ongoing

FY 1999

OBJECTIVE: Challenge all organizational elements to keep pace with the shift towards outpatient care. (00/001/11)

OBJECTIVE: Insure that commensurate cost shifts from inpatient to outpatient are reflected in corporate data sets through fiscal oversight and service-level data validation. (04)

OBJECTIVE: Continue to match or exceed the HCFA regional benchmark for bed days of care per 1,000 users for acute care facilities. (111/112/116A/127/11)

OBJECTIVE: Assess the effectiveness of recent ambulatory/same day surgery initiatives in terms of customer satisfaction, cost, productivity, and quality. (112/112E/118)

OBJECTIVE: Increase the number of high priority (Category A) veterans served through marketing efforts to retain current users and attract new customers. (00X, 136, All)

OBJECTIVE: Increase income generated from sharing sources by 25% over the prior year. (001/11/00X/00A)

OBJECTIVE: Reduce expenditures per patient, adjusted for inflation, by 10%. (All/04)

GOAL #3. Provide state-of-the-art facilities (space and equipment). Such resources may be obtained through a variety of means, e. g., VA-provided, sharing agreement, contract, joint venture, depending upon the needs of our patients and available funding mechanisms.

FY 1996

OBJECTIVE: Develop a new vascular laboratory. (114/138/90) *Status - Accomplished*

OBJECTIVE: Develop and begin implementing a strategic plan for a radiological Picture Archiving and Communications System (PACS). (114) *Status - Deferred*

OBJECTIVE: Upgrade the facility's security system. (001/07B) *Status - Accomplished*

OBJECTIVE: Expand computerized Order Entry/Results Reporting (OE/RR) system, as appropriate, based upon results of pilot program. (11/001) *Status - Deferred*

OBJECTIVE: Pursue joint procurement opportunities of high cost/high tech equipment with the University. (11/90) *Status - Accomplished*

OBJECTIVE: Evaluate and consider the “best use” application of the mobile “travel lab”. (11/113) *Status - Accomplished*

FY 1997

OBJECTIVE: Complete installation and activate replacement vascular radiology equipment. (114/138/90) *Status - Accomplished*

OBJECTIVE: Replace EKG equipment. (111/90) *Status - Accomplished*

OBJECTIVE: Renovate recreation hall to enhance the multipurpose educational and patient recreational capability of the space. (138) *Status - Accomplished*

OBJECTIVE: Provide additional space for primary care initiatives through the renovation of the linear accelerator building “shell” space. (111/138/90) *Status - Accomplished*

FY 1998

OBJECTIVE: Obtain spiral CT scan capability and modify space to accommodate the acquisition of this advanced technology. (114/138/90) *Status - Accomplished*

OBJECTIVE: Complete major space changes to include the relocation of primary care clinics to the main floor to improve patient access and provide additional examination rooms, consolidate mental health programs on the third floor, and enhance the physical plant layout for the surgery and invasive procedures program. (001/11) *Status - Accomplished*

OBJECTIVE: Add brachytherapy as an enhancement to our existing radiation therapy program and a treatment alternative for prostate cancer patients. (11/114B) *Status - Deferred*

OBJECTIVE: Provide the resources to fully begin center-wide implementation of the computerized patient record system (CPRS). (11/001) *Status - In process*

FY 1999

OBJECTIVE: Provide the resources to fully begin center-wide implementation of the computerized patient record system (CPRS). (11/001)

OBJECTIVE: Implement picture archiving and digital imaging capability throughout the facility through the installation of VistA RAD imaging system. (114/11/001)

OBJECTIVE: Develop working plans to construct an expansion of our ambulatory and primary care space through the addition of a third floor to the radiation therapy building. (001/138/11/111)

OBJECTIVE: Identify and acquire appropriate space for the physical expansion of existing

primary care teams on the main hospital level. (001/111/138)

OBJECTIVE: Add brachytherapy as an enhancement to our existing radiation therapy program and a treatment alternative for prostate cancer patients. (11/114B)

OBJECTIVE: Install a replacement medical waste disposal system with modern technology in order to meet current EPA guidelines and provide opportunities for external revenue generation.

OBJECTIVE: Develop plans to modernize the ambulatory care entrance to enhance patient flow, provide patient drop off area protected from the elements, improve security efficiency and improve the physical appeal of this major patient traffic area. (001/138)

FY 2000

OBJECTIVE: Complete the renovation of the ambulatory care entrance. (001/138)

FY 2001

OBJECTIVE: Complete construction of the third floor addition to the radiation therapy building for primary care/ambulatory care expansion. (001/138)

GOAL #4. Focus on Performance Improvement and Management Efficiency opportunities which may provide the organization with added resource flexibility, improved customer service, and heightened employee empowerment.

FY 1996

OBJECTIVE: Substantially achieve an integrated system for clinical and administrative performance improvement initiatives. (11Q) ***Status - Accomplished***

OBJECTIVE: Review and analyze characteristics of the “seamless” organization for possible application at the Jackson VAMC. (00/001/11) ***Status - Accomplished***

OBJECTIVE: Participate and implement, where possible, VISN and/or Network consolidation activities involving functions such as payroll, contracts, prime vendor, etc. (001/04/90) ***Status - Accomplished***

OBJECTIVE: Evaluate the potential for service-level integrations in key support areas, such as Environmental Management and Engineering Service. (137/138) ***Status - Accomplished***

OBJECTIVE: Increase the Jackson VAMC role in supporting the VHA conversion from a Regional to VISN organizational structure. (00/001/11) ***Status - Accomplished***

OBJECTIVE: Identify traditional service-specific jobs for new cross functional positions and begin the process of re-engineering. (11/001/05/118) *Status - ongoing*

FY 1997

OBJECTIVE: Accentuate leadership's commitment to continuous quality improvement (CQI) by providing motivational recognition and communicating organizational and service-level successes. (00/001/11) *Status - Accomplished*

OBJECTIVE: Develop a centralized performance improvement database to enhance data sharing within the organization. (11Q) *Status - Accomplished*

OBJECTIVE: Participate and implement, where possible, VISN and/or Network consolidation activities involving functions such as payroll, contracts, prime vendor, etc. (001/04/90) *Status - Accomplished*

OBJECTIVE: Evaluate the potential for additional service-level or program integrations in support areas as well as in the clinical arena (e.g. mental health specialties). (11/001) *Status - Accomplished*

OBJECTIVE: Increase the Jackson VAMC role in supporting the VISN organizational structure and network program initiatives. (00/001/11) *Status - Accomplished*

OBJECTIVE: Continue the implementation of the concept of the "seamless" organization by identifying traditional service-specific jobs for new cross functional positions. (11/001/05/118) *Status - Ongoing*

FY 1998

OBJECTIVE: Implement the 14 network-wide clinical practice guidelines as well as other associated performance measures which focus on quality, cost effectiveness, and improved customer service. (11/11Q/001) *Status - In process*

OBJECTIVE: Participate in and implement VISN business council initiatives. (00/001/11) *Status - Accomplished*

OBJECTIVE: Implement program integrations within mental health services and the center education function to promote efficiencies and enhance customer service. (11/116A/122/116B/11M/14A/118/05) *Status - Accomplished*

OBJECTIVE: Fully implement new risk management program to reduce costs and enhance opportunities for prevention of untoward events. (11Q) *Status - Accomplished*

OBJECTIVE: Utilize Network-wide performance measures as a means to benchmark with other organizations and compare ourselves with Baldrige criteria. (11Q) *Status - In process*

OBJECTIVE: Continue to identify service-specific positions for conversion to cross functional jobs which provide greater flexibility, improved customer service, and enhanced employee morale. (001/11/118/05) *Status - Accomplished*

FY 1999

OBJECTIVE: Continue to develop and refine the competency assessment system as a vehicle to promote the necessary culture change demanded of an organization committed to customer service, performance improvement and excellence. (05, All service chiefs)

OBJECTIVE: Develop a plan to retrain and/or cross train employees anticipated to be displaced by technology advancements (e.g., file room). (05)

OBJECTIVE: Develop a strategy to address the impact of the transition to HR LINK\$ service center concept for human resources/fiscal personnel. (04,05)

OBJECTIVE: Design a operational plan to enhance and improve organization-wide computer skills to meet the varied needs of our employees and the medical center. (14A,IRM)

OBJECTIVE: Reorganize the delivery of mental health services to meet the unique needs of this patient population. (11M/118/122/116A/116B)

OBJECTIVE: Develop conduits and systems to incorporate DSS data into the management decision-making processes. (DSS/04/001/11)

OBJECTIVE: Plan and prepare for Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation of our rehabilitation programs. (117/126/121/11)

OBJECTIVE: Reassess and organize performance improvement processes to ensure a current state of readiness for external review. (11Q/11/001/ELB)

OBJECTIVE: Develop a plan and implementation time lines to prepare our CBOC's for JCAHO accreditation as free standing ambulatory care facilities. (00X/11Q)

GOAL #5. Continue to promote and enhance a customer service focus throughout the medical center involving all levels within the organization to include both internal and external customers. We will strive to demonstrate our commitment to this focus throughout the community and to veterans by our performance as measured by the customer.

FY 1996

OBJECTIVE: Meet or exceed annual national VA customer service standards and locally developed standards. (All) *Status - Ongoing*

OBJECTIVE: Enhance communication to our constituents and the community through an intensive and comprehensive public affairs program. We will dedicate full-time resources to this effort and hire a public affairs officer. (00/PR) *Status - Accomplished*

OBJECTIVE: Improve our internal communication mechanisms and efforts with our staff, patients, and visitors. Develop an internal communication plan to systematically guide our initiatives in the future. (PR) *Status - Accomplished*

FY 1997

OBJECTIVE: Meet or exceed annual national VA customer service standards and locally developed standards. (All) *Status - Ongoing*

OBJECTIVE: Enhance communication to our constituents and the community through an intensive and comprehensive public affairs program. (PR) *Status - Accomplished*

OBJECTIVE: Improve our internal communication mechanisms and efforts with our staff, patients, and visitors through the timely release of information at all levels within the organization. (PR) *Status - Ongoing*

FY 1998

OBJECTIVE: Meet or exceed VA customer service performance measures and locally developed standards. (All) *Status - Ongoing*

OBJECTIVE: Develop a medical center customer service strategy and plan which evaluate and use available national, network, and local customer satisfaction data. (00PR) *Status - Pending*

OBJECTIVE: Develop and monitor timeliness of service standards within each organizational element. (All) *Status - Accomplished*

OBJECTIVE: Improve our internal communication mechanisms and efforts with our staff, patients, and visitors through the timely release of information at all levels within the organization. (PR) *Status - Ongoing*

OBJECTIVE: Create a local management assistance council comprised of representative stakeholders which effectively strengthens that relationship through improved communication and opportunity for input to strategic directions of the organization. (00) *Status - Accomplished*

FY 1999

OBJECTIVE: Meet or exceed VA customer service performance measures and locally developed standards. (All)

OBJECTIVE: Improve our internal communication mechanisms and efforts with our staff, patients, and visitors through the timely release of information at all levels within the organization. (PR)

OBJECTIVE: Identify opportunities to increase customer satisfaction through implementation of the Mystery Shopper program. (00PR)

OBJECTIVE: Emphasize coordination of care by refining the care management processes which result in a 10% improvement in the coordination of care customer service standard score in the national ambulatory care survey. (00PR/11/Bed service chiefs)

OBJECTIVE: Assess opportunities to partner with VBA to implement “One VA” initiatives to better serve veterans. (001)

OBJECTIVE: Evaluate the application of Little Rock VAMC-developed tracking software in identifying timeliness of care issues which present opportunities for improved customer service. (136/118/11Q)

OBJECTIVE: Implement a strategy to improve the responsiveness of our systems of care, including improved provider communication with patients, utilizing the Bayer training and other tactics. (14A,11Q)

GOAL #6. Develop programs and improve services offered to special populations within our delivery system consistent with the vision of the Department of Veterans Affairs. These populations include spinal cord injury, female, homeless, and minority veterans. Such services will include improved access to both inpatient and outpatient care, as well as heightened awareness of special needs associated with membership in these groups.

FY 1996

OBJECTIVE: Build upon past efforts to enhance services to women veterans. (11/11W)
Status - Accomplished

OBJECTIVE: Identify a minority veterans coordinator to develop an initial plan to address special needs of minority veterans. (11/11W) ***Status - Accomplished***

OBJECTIVE: Continue to assess and improve services to the homeless veteran population in our primary service area. (122) ***Status - Ongoing***

OBJECTIVE: Develop expanded options, such as Adult Day Home Care, for veterans requiring long-term care. (122) ***Status - Ongoing***

FY 1997

OBJECTIVE: Implement a written medical center plan to address special needs of minor-

ity veterans for which we provide services and measure the results of our efforts. (11W)
Status - Accomplished

OBJECTIVE: Expand services to the homeless veteran population in our primary service area and increase the number of customers served within that population. (122) ***Status - Ongoing***

OBJECTIVE: Develop expanded options, such as increased utilization of state veterans homes, for veterans requiring long-term care. (122) ***Status - In process***

FY 1998

OBJECTIVE: Continue to outreach to the homeless veteran population and increase the number of customers served within that population. (122) ***Status - Ongoing***

OBJECTIVE: Assess the results of efforts to address the special needs of minority veterans. (11W) ***Status - Pending***

OBJECTIVE: Continue to explore expanded options for veterans requiring long-term care. (122) ***Status - Ongoing***

OBJECTIVE: Ensure that spinal cord injury patient satisfaction with care at this facility is commensurate with benchmark performance data at other Network facilities. (11/111) ***Status - Accomplished***

OBJECTIVE: Develop a plan to increase the number of private hospital rooms to meet the needs of the increasing number of female patients. (11W/138) ***Status - Pending***

FY 1999

OBJECTIVE: Continue to outreach to the homeless veteran population and increase the number of customers served within that population. (122)

OBJECTIVE: Develop strategies to attract former health care users, particularly Category A veterans, to the medical center. (136/00A)

OBJECTIVE: Refine end of life planning processes and systems which promote the best quality of life for patients with incurable, progressive illnesses consistent with VHA goals for palliative care. (125/Ethics Cmte./11)

GOAL #7. Expand and broaden sharing opportunities, particularly by advancing the relationship with UMC to meet our objectives, and with DoD activities, other health care entities, and federal/state agencies which will benefit our customers through maximizing our utilization of available resources, minimizing duplication of services, and improving services available to Mississippi's veterans. *Be a financially healthy organi-*

zation by improving cost efficiency of operations and development of new revenue streams. (Established 1996; Modified 1999)

FY 1996

OBJECTIVE: Explore sharing and joint procurement of high cost/high tech equipment with our affiliate. Initial efforts should focus on opportunities in invasive cardiology-related equipment. (11/001/90) ***Status - Canceled***

OBJECTIVE: Develop a house staff disbursement agreement with the affiliate. (11/04) ***Status - Canceled***

OBJECTIVE: Establish an off-site primary care access point in the community through the sharing of resources between the JVAMC and UMC, as budget and oversight authority permit. (00A) ***Status - In process***

OBJECTIVE: Implement our primary care program consistent with the evolving graduate medical education models used by our affiliate in the training of medical students/residents. (14A/111) ***Status - Accomplished***

OBJECTIVE: Actively pursue opportunities for sharing medical services with Department of Defense facilities. (00A) ***Status - Ongoing***

FY 1997

OBJECTIVE: Continue the growth and maturation of our primary care program while expanding the affiliated training opportunities in primary care of medical students/residents. (14A/111) ***Status - Accomplished***

OBJECTIVE: Actively pursue additional opportunities for sharing medical services with Department of Defense activities including becoming a preferred provider for the TRICARE (CHAMPUS) network in central Mississippi. (00A) ***Status - Accomplished***

OBJECTIVE: Develop a mutually beneficial relationship for sharing health resources with the U.S. Bureau of Prisons for their new federal prison to be built in Yazoo City. (00A) ***Status - Deferred***

OBJECTIVE: Provide leased, ward space to UMC and explore selling additional services to UMC in support of their clinical activities on our campus. (001/90/11) ***Status - Accomplished***

OBJECTIVE: Continue to develop the CHAMPVA initiative as a viable means to generate an additional revenue stream to support veterans programs. (00A) ***Status - Ongoing***

FY 1998

OBJECTIVE: Increase income generated from non-appropriated sources by 50% over the prior year. (001/11/00X) *Status - Accomplished*

OBJECTIVE: Fully develop the Office of External Programs as the coordinating organizational structure to meet the year 2002 national goal of 10% of the medical center budget secured by revenue generated from outside sources. (00X) *Status - Accomplished*

OBJECTIVE: Expand revenue generating opportunities with UMC through the extension of the ward sharing initiative including the selling of additional services. (11/90/00X) *Status - Accomplished*

OBJECTIVE: Explore additional sharing opportunities with local health care providers and entities through the recently enacted enhanced sharing authority. (00X) *Status - Ongoing*

OBJECTIVE: Increase beneficiary enrollment and revenue generation in CHAMPVA and TRICARE programs through target marketing efforts and offering additional services. (00X) *Status - On going*

FY 1999

OBJECTIVE: Increase beneficiary enrollment in CHAMPVA and TRICARE programs through target marketing efforts and offering additional services. (00X)

OBJECTIVE: Explore opportunities to pilot Medicare subvention in FY99. Position the organization for success in this revenue program slated for FY02 implementation. (00A,00X)

OBJECTIVE: Initiate steps to determine the feasibility of implementing a phased disbursement agreement with UMC for PGY 1 residents beginning in Academic Year 99. (11/04)

GOAL #8. Incorporate training, education (patient and non-patient), and research as integral parts of providing quality health care. Such activities will include both employees and non-employees as components of our recruitment, retention, and career development programs.

FY 1996

OBJECTIVE: Develop a strategic education/training plan to meet the dynamic needs of a changing VA and national health care environment. (14A) *Status - Accomplished*

OBJECTIVE: Plan to incorporate graduate medical education, nursing education, and allied health training in our primary care model of service delivery. (111/118/14A) *Status - Accomplished*

FY 1997

OBJECTIVE: Develop a long range strategic education/training plan to meet the dynamic needs of a changing VA and national health care environment. (14A) *Status - Accomplished*

OBJECTIVE: Provide advanced training in CQI techniques, data interpretation (i.e., statistical process control), and team building. (11Q) *Status - Accomplished*

OBJECTIVE: Plan to incorporate graduate medical education, nursing education, and allied health training in our primary care model of service delivery. (111/118/14A) *Status - Accomplished*

OBJECTIVE: Enhance the capability to conduct effective management science studies within the medical center by identifying training needs necessary to accomplish this objective. (11Q) *Status - Accomplished*

OBJECTIVE: Promote research activities and successes through effective internal and external communications. (151/PR) *Status - Accomplished*

FY 1998

OBJECTIVE: Develop a five-year strategic training/education plan which is derived from a complete and detailed assessment of employee training requirements and needs. (14A/05) *Status - In process*

OBJECTIVE: Complete the restructuring of the center-wide education function which will integrate all education activities to meet the significant challenges of employee training and employer of choice expectations by staff. (14A/118/05) *Status - Accomplished*

OBJECTIVE: Develop a training strategy for staff to manage change within the organization resulting from demands from both internal and external change agents. (11Q) *Status - In process*

OBJECTIVE: Enhance the capability to design and conduct effective management science studies throughout the organization. (11Q) *Status - Accomplished*

OBJECTIVE: Promote research activities which result in increased VA and non-VA peer reviewed research funding for the medical center. (151/PR) *Status - Ongoing*

OBJECTIVE: Plan and construct a new research laboratory to promote the recruitment of qualified research clinicians to the organization. (151/001/138) *Status - Pending*

FY 1999

OBJECTIVE: Provide opportunities for all employees to receive 30 hours of training consistent with VHA goals. (14A/All service chiefs)

OBJECTIVE: Fully develop and activate the centrally funded Mental Illness Research and Education and Clinical Center (MIRECC). (11M/122/116A/116B/151)

OBJECTIVE: Promote research activities which result in increased VA and non-VA peer reviewed research funding for the medical center. (151/PR)

OBJECTIVE: Plan and construct a new research laboratory to promote the recruitment of qualified research clinicians to the organization. (151/001/138)

GOAL #9. Provide medical care back-up to the Department of Defense in times of armed conflict or other national emergencies and support other VA emergency management program responsibilities.

FY 1996

OBJECTIVE: Become the emergency preparedness focal point in the local community through active leadership among local health care facilities. (EMPO) *Status - Accomplished*

FY 1997

OBJECTIVE: Become the emergency preparedness focal point in the local community through active leadership among local health care facilities. (EMPO) *Status - Accomplished*

FY 1998

OBJECTIVE: Retain the status as the emergency preparedness leader in the local community in our role as the National Disaster Medical System (NDMS) Coordinating Center.
(00X) *Status - In process*

FY 1999

OBJECTIVE: Retain the status as the emergency preparedness leader in the local community in our role as the National Disaster Medical System (NDMS) Coordinating Center.
(00X)

4. Financial Plan

Budget Assumptions

Primary Care

The FY 98 budget plan includes funding for the five primary care teams that currently exist: three in Medical Service, one in Neurology Service, and one in Mental Health. Approximately 50 percent of our patients are currently enrolled in primary care.

Community-Based Clinic

The FY 99 budget includes funding for the rural community outreach clinics in Durant and Meridian, MS. The Durant Clinic is operated through a sharing agreement with our affiliate. The enrollment as of December 1998 was 275 and is expected to increase by the Spring of 1999. The Meridian Clinic, which opened in July 1998, is operated through a contractual arrangement with Family Health Clinic. Its enrollment as of December 1998 was well over 900 veterans.

Veterans Equitable Resource Allocation (VERA)

In FY 97, a new funding system, VERA, was implemented. The VERA System allocated modeled funding to Networks based on the following VERA elements: (1) Basic Care, (2) Special Care, (3) Research Support, (4) Education Support, (5) Equipment, and (6) Non-recurring Maintenance. The VERA System will correct past geographic funding imbalances, which has had a positive impact on Network 16 funding. Methods of allocating the funds to individual facilities are determined by the VISNs and may vary greatly between VISNs and from year to year. Beginning in FY 98, funds from MCCR collections will be relied upon as a source of operating revenue. However, the VISN is retaining a portion of our collections. In FY 98, we collected \$4.1 million and received \$2.6 million. We expect to receive in our MCCF approximately \$3.4 million in FY 99.

Inpatient-to-Outpatient Shifts

The medical center continues to experience a workload shift from inpatient to outpatient care as evidenced by a decrease in beds to 164, and by an increase in outpatient visits to more than 200,000. The shift in resources necessary to meet these shifts in patient care needs must be accounted for in the budget allocations to each service.

Data Capture Project

The use of encounter forms to capture ambulatory care workload has been fully implemented. The Decision Support System (DSS) is producing valuable reports for decision making. Information from a DSS report was used in the patient demographic section of this business plan. In addition, the data captured by these forms has a direct impact on the future resources allocated to this medical center. A validation process has been developed to evaluate the data captured. Data capture workload will become an important tool for monitoring financial performance and productivity.

New Revenue Sources

The medical center has several active sharing agreements. Expansion of these agreements is planned in FY 99. At the conclusion of FY 98, MCCR collected \$4.1 million on billings of \$11.1 million. New revenue sources will become essential to our survival in the future and must be expanded. Funds from reimbursements of sharing agreements and other receivables in FY 99 is expected to approach \$2 million.

Capitalization

The FY 98 budget provides funding for maintenance and repair expenditures related to the physical plant. Funding has been provided to upgrade the medical gas systems, replace the fire alarm system, purchase an alternate means for medical waste disposal, for paving improvements, and to modernize wards 2A South and 2A North. The physical plant must be maintained and improved, even if recurring funds are used. In addition, \$2.3 million is being provided to build an information management infrastructure.

VISN Consolidation Activities

The G.V. (Sonny) Montgomery VAMC supports program integration and the consolidation of activities at the VISN level. The Network Payroll Unit continues at this medical center. The consolidation of the Louisiana and Mississippi medical centers payroll unit was completed in FY 97. Plans are under way for lab consolidations, and demand remains high for services offered by the Sleep Lab.

Customer Service

The medical center is committed to customer satisfaction, both internal and external, and this commitment is stressed to all employees. This Fiscal Year Medical Center employees will participate in customer service training. The administrative staff will participate in CARE (connect, appreciate, respond, and empower) training and the clinical staff will participate in BAYER training.

Public Affairs

The medical center plays an active role in community activities. Our market penetration reflects an active public affairs program. Public affairs will continue in FY 99 with efforts to bring in non-users. The plan is to continue health screenings at state conventions of major veterans service organizations. Continue health screenings and flu shot clinics in targeted geographic areas. And examine capability of continuing to provide special Saturday health screening clinics for non-user, service-connected veterans.

Employee and Patient Education

A plan is underway to coordinate overall medical center education activities with the exception of resident training. An Education Office was created in FY 98 with the directive to incorporate all variables of employee and patient education. Employee and patient education is a high priority at this medical center. Specific programs are being developed and activities are accomplished by a learning resource officer and three designated full-time education coordinators; one each for patient education, clinical staff education, and administrative staff education.

Operational Plan

The FY 99 budget process was initiated in accordance with our Leadership Guide for Operational Planning. Once the medical center's mission statement and strategic plan were developed (reflecting the *Journey of Change* and Network Business Plan), all services were asked to develop a budget plan based on projected workload. Services participated in face-to-face discussions with top management during their annual management briefings. At their briefings, service chiefs reviewed their programs' performance and future plans in preparation for the coming year's planning processes.

The VISN's budget allocation to this medical center will result in a funding level of \$125,773,987. This includes anticipated dollars from sharing and MCCR collections.

Based on this funding level, the FY 99 budget will be implemented as follows:

- Employment target will be 1,459.6 FTE (excluding trainees), distributed as follows:

Physicians and Dentists	86.0
RNs	258.6
LPNs and NAs	178.3
Wage Rate	173.8
Other	<u>762.9</u>
	1,459.6

- A 3.5 % pay raise is included, with personal service costs targeted at \$80,853,000. Also the residency program will be funded at \$2,864,820.

- Consolidated mail-out pharmacy obligations will be fully funded.

Capital Plan

The following major projects will be initiated in FY 99:

- Re-design the outpatient entrance to the medical center. This project will result in improved utilization of space and pedestrian/automobile traffic flow.

Construction \$508,000

- Renovate Canteen for food service. This project will provide a Burger King Restaurant within the existing Canteen structure.

Construction \$215,000

- Design second floor of Linear Accelerator for new Primary Care Clinic.

- Construction \$1,291,000 (estimated cost)
- Admissions Office Lab renovations.

Construction \$160,000

- Nursing Home Care Unit fire sprinkler system.

Construction \$125,000

5. Marketing Plan

The primary goal of facility marketing efforts, consistent with the VISN strategy, will be to ensure continued prosperity with flexibility necessary to operate in an ever changing and increasingly competitive health care environment. The G.V. (Sonny) Montgomery VAMC will strive to improve our customer focused ethic, to improve the image of the facility both internally and externally, and to develop and improve health services consistent with customer needs and efficient use of resources.

We will continue to implement strategies to maintain and improve our customer market base. We believe that full and open communication will foster a continuing allegiance by existing customers and stakeholders. We will utilize health screenings, newsletters and other media to maintain these lines of communication. The quality of our services, staff, equipment and physical plant will play a major part in attracting new customers to our facility. The infusion of non-traditional users; i.e., CHAMPVA, TRICARE, VA/DoD, will generate a broader customer base to promote greater “word of mouth” endorsement of our services. The development of community-based access portals beyond the clinics in Durant and Meridian, MS will be critical to our continued growth.

The medical center will continue involvement in community organizations and activities, such as Health Futures, Jackson Medical/Education District, Adopt-a-School programs, Historically Black Colleges and Universities, etc. The importance of effective media relations in marketing our organization cannot be understated. The public’s perception of our organization can be shaped through open and positive relations with media representatives. Continued use of targeted news releases, special events, and regular courtesy calls will lead to more positive coverage of the strengths of our organization.